The potential spread of coronavirus throughout the ill-prepared Gaza Strip has become a major source of concern for Israelis and Palestinians. An uncontrollable local pandemic would not only pose a catastrophic threat in humanitarian terms, but might also escalate the fragile security situation. (For analysis of the situation in the West Bank and East Jerusalem, read Part 1 of this PolicyWatch.)

As of April 30, the Hamas authorities who govern the strip had reported just seventeen cases of COVID-19, with ten of them recovered. The first cases—two Gazans returning from Pakistan—were detected on March 19. Although the situation appears under control, the real picture is unclear given the lack of widespread testing and an official tendency toward inaccurate reporting.
HOW HAS HAMAS REACTED?

The group’s authorities in Gaza were slow to respond to the crisis at first, rejecting the protective measures taken and advocated by the Palestinian Authority in the West Bank. They ultimately took the necessary measures, however, such as imposing social distancing, sending people entering the strip into quarantine, and closing schools and mosques. They also established 28 quarantine centers, mostly in schools and hotels. A thousand new quarantine units have been created in two locations: 500 in the south near Rafah and 500 in the north near Beit Hanoun. The group’s military wing, the Izz a-Din al-Qassam Brigades, was recruited to build these two facilities.

In addition, Hamas allocated and prepared two hospitals to treat coronavirus patients: the European Gaza Hospital in Khan Yunis and the Palestine Turkey Friendship Hospital in Gaza City. The UN Relief and Works Agency (UNRWA) allocated its Gaza installations and some of its healthcare resources to this effort, while Qatar announced in late March that it would continue providing monthly assistance payments until at least September, totaling $150 million over that period.

On the political front, the crisis has not led the rival Hamas and PA governments to mend fences; rather, their tone has been one of mutual recrimination. Last month, the PA eased some of the sanctions it imposed on Gaza in recent years, especially in the field of healthcare. It also set aside a small portion of the medical equipment it received from international donors and transferred it to the strip. Yet Hamas argues that this equipment was granted to the PA for distribution to all Palestinian territories, and that Gaza has been receiving far less than its fair share.

GAZA’S VULNERABILITY

Although the strip is largely isolated from the outside world and has a fairly young population, numerous other factors make it extremely vulnerable to the pandemic. Its tiny 365 square kilometers of land are very densely populated, with dilapidated infrastructure, relatively low standards of hygiene, and a culture of extensive social interaction.

Moreover, thirteen years of Islamist rule and rivalries with Israel, Egypt, and the PA have ravaged its healthcare system, which has long been neglected in favor of “jihad” and other priorities. This problem was exacerbated in recent years by significant financial cuts imposed by the PA, Gaza’s main source of funding (the original average monthly transfer of $120 million has been slashed by at least 20 percent). According to Hamas officials, the strip is in dire need of testing kits, respirators (it has less than 100 for a population of about 2 million), and intensive care beds (it has only 110, most of them already occupied).

Gaza is also very weak economically, with high levels of poverty, over 50 percent unemployment, and limited external aid. Its financial woes have been gradually worsened by the drop in traditional sources of income such as PA financial allocations, cross-border smuggling, and Iranian support.

ISRAELI CONTRIBUTIONS AND CONCERNS

Despite its deep concerns about a wider pandemic in Gaza, Israel has limited options for providing help given its own coronavirus burdens and its hostile relations with Hamas. Therefore, it has focused on encouraging and facilitating international medical assistance, particularly equipment from the World Health Organization, the International Red Cross, and others. These donations have included testing kits, protective medical gear, an advanced rapid diagnostic device based on polymerase chain reaction (PCR) technology, and a small number of respirators.

Israel also arranged for some of its doctors to conduct professional training sessions for dozens of Gaza doctors and nurses, held at the Erez crossing and the Barzilai Medical Center in southern Israel. This unusual “normalization” measure triggered criticism of Hamas inside and outside Gaza. Perhaps in a bid to deflect these complaints, the
group arrested journalist Rami Aman on April 9 after he arranged for a videoconference with Israelis to discuss the virus. He was charged with “normalization activities.”

As in the West Bank, the crisis has significantly decreased the level of local violence. Rocket fire from Gaza has almost completely subsided, and protestors canceled a major gathering along the border scheduled for March 30, the second anniversary of the violent “March of Return” pressure campaign.

The crisis has also made Hamas more willing to reopen the file on the two Israeli civilians and the bodies of two Israeli soldiers it has held as bargaining chips for the release of Palestinian prisoners. The group’s Gaza leader, Yahya al-Sinwar, publicly suggested a deal in which it might partially meet Israeli demands in return for the release of certain types of prisoners—namely, women, the elderly, minors, and those with illnesses. The parties have since moved to exploring such a deal through Egypt and other mediators.

At the same time, Israel’s defense establishment is concerned lest a serious deterioration in Gaza lead to cross-border violence, including rocket fire and mass marches against the security barrier. Sinwar has hinted at such actions while deflecting responsibility for the strip’s dire situation; on April 2, he warned that if Gazans cannot breathe for lack of respirators, “we will make six million Israeli settlers unable to breathe.” Other officials have made similar declarations.

This concern is exacerbated by ongoing tensions within the Hamas leadership. In recent years, Sinwar has emerged as the group’s most influential leader in Gaza, a position bolstered when politburo chief Ismael Haniyeh left the territory. Sinwar’s rise is largely due to his focus on achieving certain deliverables specifically for Gaza, an effort he has intensified during the current crisis. Since well before the pandemic, he has been bartering with two traditional enemies—Israel and Egypt—in a bid to secure significant humanitarian and economic gains for Gaza, as well as prisoner releases, in the framework of long-term de-escalation and ceasefire understandings. This approach has included the calibrated use of violent friction. It has also been criticized by some of the group’s diaspora leadership, particularly since its achievements—while significant for Gaza—have fallen short of the movement’s broader expectations.

Given the arrival of COVID-19 and (finally) a new Israeli government, Sinwar will likely expect faster progress. And as Hamas approaches its next round of internal elections in 2021, he will be under further pressure to deliver. Failure to gain significant ground on improving conditions in Gaza or freeing prisoners may push him to divert domestic pressure by escalating with Israel, especially if the pandemic worsens.

**CONCLUSION**

Gaza is the weakest link in a generally weak Palestinian system, and its relations with Israel are very fragile. The two sides have long been oscillating between ceasefire arrangements and escalation toward yet another major armed confrontation. The current crisis could tilt them in either direction, though an uncontrolled pandemic is more likely to spur violence against Israel.

Apart from the virus, the new Israeli government’s plan to apply sovereignty over parts of the West Bank is also likely to increase the prospect of violence. Hamas will not want to lag behind the PA’s expected political pushback, and may even see an opportunity to divert internal public frustrations toward Israel. Iran might try to muddy the waters as well, as it has done in the past through groups such as Palestinian Islamic Jihad.

International and regional stakeholders should therefore cooperate with Israel on urgent efforts to provide Gaza with essential medical equipment. They should also help ease tensions between the two sides, particularly in terms of exchanging hostages and prisoners, which has been a significant stumbling block on the way to a long-term ceasefire. And while PA-Hamas reconciliation is not in the cards in the foreseeable future, stakeholders should urge the PA to at least continue scaling back its sanctions on Gaza’s healthcare system.
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Getting Tough with Egypt Won’t Work

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David Schenker

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